



STUDENT'S EVALUATION

Student's Name _____ Semester/Year _____

Internship Position _____ Start & End Dates _____

Company _____

Address _____

City _____ State _____ Zip _____

GENERAL INFORMATION:

1. Hours worked:
2. Pay rate/Salary:
3. Gender: Female / Male
4. Age:
5. Race/Ethnicity:
 Hispanic (non-white) / Caucasian / Middle Eastern / African American /
 Filipino / Other Pacific Islander / Japanese / Chinese / Vietnamese /
 Asian Indian / Other Asian / American Indian / Eskimo /
 Other, Not Listed (please specify) / Decline to State

COOPERATIVE EDUCATION PROGRAM – INTERNSHIP:

6. Would you recommend Cooperative Education Program to other students?
 Why or why not?

7. Please rate your overall experience. 5 4 3 2 1
 High Average Low

8. Are there ways we can improve the program for future interns?

